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REVIEW OF THE UNFPA INTERCOUNTRY PROGRAMME, 1996-1999

CONTENTS

Page

I. INTRODUCTION 2

II. PROGRAMME IMPLEMENTATION AND RESULTS 3

A. Interregional Programme 3

B. Regional Programmes 11

III. CONCLUSIONS AND LESSONS LEARNED 19

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I. INTRODUCTION

1. This addendum reviews the UNFPA intercountry programme, 1996-1999, which was approved by the Executive Board in decision 95/37. The addendum is based on in-depth reviews carried out by the geographical divisions of their respective regional programmes and an analysis of the Fund's three priority areas, carried out by the Technical and Policy Division (TPD) and the Information and External Relations Division (IERD). It also reflects discussions of the Inter-divisional Working Group on the Intercountry Programme, which met regularly in 1998 and 1999 to review the programme and to explore topics to be addressed in the new intercountry programme.

2. In decision 95/37, the Executive Board approved $175 million for the UNFPA intercountry programme for the period 1996-1999. Of this amount, $102 million was approved for the interregional component and $73 million for regional activities (Table 1).

Table 1. Distribution of the intercountry programme, 1996-1999, by priority area
($ millions)

	Reproductive Health	Population and Development Strategies	Advocacy	Total
Interregional	45	28	29	102
Regional	39	21	13	73
Africa Division	14	7	7	28
Asia and the Pacific Division	10	6	3	19
Arab States and Europe, Division of	7	4	1	12
Latin America and the Caribbean Division	8	4	2	14
Total	$84 48%	$49 28%	$42 24%	$175 100%

Source: Programme Resources and Management System

3. The overarching objective of the intercountry programme, 1996-1999, was to build country capacity to implement the Programme of Action of the International Conference on Population and Development (ICPD) in the Fund's three programme priority areas: reproductive health, including family planning and sexual health; population and development strategies (PDS); and advocacy, with gender concerns mainstreamed into each of these areas. From a functional perspective, activities included research, training and information dissemination. The South-South modality was promoted as a means of building capacity at interregional, regional and country levels through information exchanges and technical assistance. In undertaking intercountry activities, UNFPA has promoted the coordinated follow-up to recent United Nations conferences and has fully integrated human rights concerns, particularly with regard to reproductive rights.

II. PROGRAMME IMPLEMENTATION AND RESULTS

A. Interregional programme

1. Reproductive health programme

4. Objectives. Following recommendations of the ICPD Programme of Action, the reproductive health programme sought to help countries initiate the process of operationalizing reproductive health through a series of global-level activities. The reproductive health programme's objectives included: (a) development of new and improved methods of contraception and provision of continued safety assurance; (b) development of guidelines and methodologies and operationalizing of reproductive health approaches to strengthen programmes and services; (c) development and testing of feasible reproductive health interventions at the primary health care level; and (d) promotion of reproductive health for the health and well-being of women, men and adolescents.

5. Results. To continue promoting the development of new methods of fertility regulation and collecting information on contraceptive safety, UNFPA, along with UNDP, the World Bank and the World Health Organization (WHO), co-sponsored the Special Programme of Research, Development and Research Training in Human Reproduction (HRP); provided partial assistance to the International Council for Contraception Research (The Population Council); and supported the development of selected contraceptives through the International Consortium for Collaboration in Contraceptive Research.

6. UNFPA supported WHO in providing countries with appropriate technical guidance in operationalizing reproductive health by furnishing technical orientation on specific aspects of reproductive health, such as adolescent reproductive health (ARH). Helping to articulate Programme of Action recommendations at the country level also included the development of tools for training professionals from non-governmental organizations (NGOs) in advocacy, gender, reproductive health, youth and institution-building, and the enhancement of reproductive health components in emergency situations. A major focus of the UNFPA intercountry programme was the Centres of Excellence Initiative that offered training within South-South cooperative settings, and a 12-country Partners in Population and Development Initiative that provided training, research and networking on ICPD Programme of Action issues. Additional South-South projects were for strengthening reproductive health training and cooperation in Latin America and Asia.

7. Increasing contraceptive choice and improving the quality of care were pivotal concerns in the UNFPA intercountry programme. A major thrust of the intercountry programme was the UNFPA-executed Global Initiative on Contraceptive Requirements and Logistics Management Needs. Additionally, two projects on safe motherhood aimed at promoting the integration of

effective strategies in the development of reproductive health services at the primary health care level and at identifying and promoting essential obstetrics functions at first referral level.

8. Based on the principle that reproductive health goes well beyond providing family planning and maternal and child health services, the UNFPA intercountry programme encompassed awareness creation on the dynamics of relations between women and men, reproductive rights, sexual health and women's empowerment. To reach its fourth reproductive health objective, UNFPA supported projects, executed largely by NGOs, to mainstream gender in the area of reproductive health. As part of the effort, a number of international seminars were held to establish the nexus between reproductive health and human rights. Efforts to integrate a gender perspective into HIV/AIDS programmes were also undertaken. In addition, UNFPA was deeply involved in working on gender and reproductive health in emergency situations.

9. During this cycle, a central effort within the intercountry programme was the coordination of and participation in ICPD+5 activities carried out by UNFPA. Activities included the organization of the Expert Round Table Meeting "Ensuring Reproductive Rights and Implementing Reproductive Health, Including Women's Empowerment, Male Involvement and Human Rights" in Kampala, June 1998; the preparation of the background paper entitled *A Five Year Review of Progress towards the Implementation of the Programme of Action of the International Conference on Population and Development* for The Hague Forum; and providing extensive inputs to the Report of the Secretary-General for the Special Session of the General Assembly containing proposals for key actions for further implementation of the Programme of Action of the ICPD.

10. UNFPA support for contraceptive research and development was instrumental in advances made on new injectables for women, vaginal rings, single contraceptive implant systems and the reintroduction of emergency contraception. In addition, country-level safety studies were conducted on spermicides and microbicides. UNFPA continued to assist activities promoting underutilized and new methods of family planning, including a study on the acceptability and effectiveness of the diaphragm, and groundwork for introducing the female condom.

11. Operationalizing reproductive health activities at the country level was facilitated through global and regional expert consultations. In addition, a menu of thematic indicators was developed for monitoring progress towards meeting the ICPD goals. The UNFPA approach to capacity-building was apparent in the South-South initiative, which focused on training, network building and information sharing. UNFPA support for developing guidelines yielded good results: WHO produced and disseminated guidelines concerning quality of care, information and education, emergency contraception, intra-uterine devices (IUDs), injectable contraceptives, oral contraceptives and HIV/AIDS. A manual on reproductive health in emergency situations was developed, and reproductive health kits were produced and stockpiled for immediate distribution.

12. Through the Global Initiative on Contraceptive Requirements, a key paper was prepared, "Reproductive Health Commodity Requirements and Costs in Developing Regions, 1999-2015". Studies on contraceptive requirements and logistics management needs were completed in 11 countries, followed by expanded publication of the UNFPA contraceptive commodity database on donor-supported contraceptives. Technical assistance and training in logistics management and forecasting were provided through six regional workshops, and a private-sector initiative was begun. The monthly injectable Cyclofem became widely available in three countries as a result of a 16-country market and needs assessment, and the Thailand-based Concept Foundation became self-sustaining through private-sector sales. Strip tests for chlamydia, syphilis and gonorrhoea were developed, and safe motherhood practices were promoted to reduce maternal mortality.

13. Investing in adolescents is an important goal of the Fund to help create a transition towards adulthood. The World Assembly of Youth (WAY) produced a video on adolescent pregnancies for wide distribution to youth groups. The International Programmes Department of Advocates for Youth (AFY) carried out clearinghouse activities and disseminated newsletters, advocacy and research guides for ARH models. In Egypt, Uganda and Zambia, efforts were made to promote the reproductive health of adolescent refugees.

14. Another important area of the Fund's work is that of violence against women. UNFPA developed a Programme Advisory Note on the reproductive health effects of gender-based violence to guide country-level programmatic efforts. In addition, technical consultations were organized on female genital mutilation, with the participation of Governments, NGOs and United Nations agencies, in order to develop new tools and strategies for effective eradication.

15. The results of the ICPD+5 review and appraisal process were reflected in the document approved by a broad consensus during the Special Session of the General Assembly.

16. Project execution was carried out partly by well-established research institutions and United Nations specialized agencies and partly by, or with the involvement of, a number of new partners selected from among regional and national NGOs and other organizations.

17. Issues/Constraints. Few constraints to satisfactory implementation were clearly identified. However, there was much room for improvement, particularly in project monitoring, evaluation and the effective follow-up of such exercises. The pace of activities in a number of projects should be improved, and efforts to obtain more timely feedback from participants in training programmes in some Centres of Excellence could strengthen the content of the training. Overall, however, all four of the objectives in the area of reproductive health were on their way to being achieved.

2. Population and development strategies

18. Objectives. Activities undertaken in the PDS sector sought to: (a) enhance policy makers' understanding of the importance of linkages between population and other aspects of development; (b) integrate population dimensions into development strategies to reflect fully the needs of individuals, particularly those in vulnerable and marginalized groups; (c) strengthen national data systems and country analytical capacities for programme development and monitoring; and (d) conduct policy-relevant research, addressing, inter alia, sociocultural issues, and methodological research to devise conceptual frameworks and assessment tools for possible adaptation to country-level use.

19. Results. In line with the ICPD Programme of Action, emphasis was given to increase the attention of policy makers to the linkages between population and development planning. The most significant undertaking was the large-scale strengthening of the Global Training Programme in Population and Sustainable Development (GTP). Five regional training centres became fully operational, meeting training demands from Asia and the Pacific, Africa, the Arab States and Europe, and Latin America and the Caribbean.

20. The strengthening of GTP required just over 25 per cent of the funds designated for PDS activities in this cycle. Since 1996, approximately $7 million in UNFPA assistance was expended. Given the increasing demand for such training from client countries, more effective use of these centres should be forthcoming. At the same time, UNFPA proposes to encourage greater support for such training investments from regional and client donors and to reduce its own share of funds for this programme.

21. UNFPA continued to experience increased requests from countries to monitor their own policies, programme implementation and progress in reaching ICPD goals, as well as the goals of other major United Nations conferences. Considerable progress was made toward building basic foundations for analysis and research, in particular, in the development of "generic" indicators and supporting methodologies. Undertaken at an intercountry level, these frameworks can subsequently be modified to suit the situations of particular countries. UNFPA supported initial activities with the United Nations Statistical Division (UNSD)/Department of Economic and Social Affairs (DESA), WHO, and research institutes, such as the Netherlands Interdisciplinary Demographic Institute (NIDI), to enhance data collection and analysis capacity. Significant achievements were realized through UNFPA collaboration with UNSD/DESA, most noticeably in the production of manuals and handbooks for censuses and civil registration, and software-based information systems. The strengthening of country data systems is essential to several of the United Nations reform initiatives such as the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF).

22. In addition, UNFPA supported the development and application of rapid assessment methodologies. UNFPA convened the "Expert Consultative Meeting on Rapid Assessment Procedures and Their Application to Population Programmes" (New York, December 1995) to review rapid assessment methodologies for the collection of both quantitative and qualitative data as a complement to random-sampling survey data.

23. Through its interregional PDS activities, UNFPA addressed several issues emanating from recent United Nations conferences. UNFPA worked with United Nations organizations, NGOs and universities to produce practical manuals for the integration of population into environment conservation management and practice. In cooperation with the United Nations Environment Programme (UNEP) and The World Conservation Union (IUCN), UNFPA helped organize the "International Workshop on Population-Poverty-Environment Linkages" (Switzerland, September 1998), which was convened to highlight lessons learned from experiences within the United Nations system and with key partners and NGOs.

24. Another important symposium, sponsored by The Rockefeller Foundation and The David and Lucile Packard Foundation on behalf of UNFPA and organized by the Carnegie Endowment for International Peace, was entitled "Population Change and Economic Development", held in Bellagio, Italy, in 1998.

25. Among the principal research areas supported in the 1996-1999 interregional programme were sociocultural research methodologies which sought to provide frameworks for, inter alia, the study of the impact of social and cultural factors on fertility behaviour, and of the role and status of women. Case studies were undertaken in 12 countries (Bolivia, Cameroon, Ecuador, Fiji, Guatemala, Malawi, Malaysia, Morocco, Mozambique, Pakistan, Uzbekistan and Yemen). It is expected that the typologies developed will be adapted for country-level use and for cross-country comparative studies.

26. International migration and development is an area of increased interest in this era of globalization. UNFPA supported the organization of the "Technical Symposium on International Migration and Development", held in The Hague, the Netherlands (29 June-3 July 1998). Working with such partners as the International Labour Organization (ILO), the International Organization for Migration (IOM), UNSD and the United Nations Population Division, UNFPA supported research to clarify the root causes of migration and to assess the linkages between population trends, economic changes and migration, with special emphases on the situation of women migrants and the collection of gender-specific migration data. UNFPA also worked with IOM and the United Nations Institute for Training and Research (UNITAR) to expand training curricula to sensitize middle-level immigration officers.

27. UNFPA sponsored the "Technical Meeting on Population Ageing" in Brussels, Belgium (6-9 October 1998), in collaboration with the Population and Family Study Centre of Belgium. A key

theme was the lack of provisions in many developing countries for the support of elderly persons outside the family setting.

28. The information dissemination projects funded under the interregional PDS programme included the Population Information Network (POPIN), the *Annual Review of Population Law*, the UNFPA *Inventory of Population Projects in Developing Countries Around the World*, and demographic software, for example, *DemoTables* and *PopMap*. All of these were well received by users and evaluators, due mainly to their quality, usefulness for in-country training and ease of use. Through the POPIN project, UNFPA contributed to the dissemination, in all official United Nations languages, of relevant documents on population-related issues produced by the United Nations and its partners, including documents on the ICPD+5 review process. Internal reviews indicate that the Fund may consider moving away from large-scale print circulation of reports to wider use of on-line dissemination on the Internet. A pilot activity for on-line information, developed with the Committee for National Information on the Environment (CNIE), showed positive results in disseminating population information linked to environment networks at low cost.

29. Since the ICPD, there has been a concerted effort to obtain a more reliable estimate of the level of funding being channelled to population activities. UNFPA collaborated with NIDI to gather data systematically on international resource flows and domestic expenditures for population activities. A database on financial resource flows was established.

30. Special attention was given to mainstreaming gender concerns into population and development policy and programme activities. Increased policy attention was brought to the ongoing work of the United Nations Treaty Bodies, beginning with the "Round Table of Human Rights Treaty Bodies on Human Rights Approaches to Women's Health, with a Focus on Sexual and Reproductive Health and Rights", held in Glen Cove, New York, in 1996, to promote reproductive rights. In statistics and methodological work, UNFPA supported the database on women *WISTAT*, at UNSD, to ensure that censuses and surveys contain a gender perspective; and several monographs, including the influential *World's Women*, a statistical narrative on the situation of women in all regions.

31. Issues/Constraints. An internal review of the performance and impact of PDS projects was conducted. Notwithstanding numerous achievements, many projects had been developed in an ad hoc manner in direct response to felt needs. Sometimes, objectives were too ambitious. Sometimes, intermediate benchmarks were not stated or expected. Many activities would see benefits only over the longer term rather than within the programme's four-year cycle.

32. In the case of major projects, enhanced direct substantive involvement by TPD staff in the initial development, benchmark review and evaluation stages of the programme would result in improved quantitative and qualitative results.

3. Advocacy

33. UNFPA develops and manages its interregional advocacy efforts primarily through its Technical and Policy Division and the Information and External Relations Division. The Fund's advocacy efforts were guided by the broad statement of aims approved by the Executive Board for the 1996-1999 intercountry programme:

> "to strengthen and broaden the base of policy support for efforts of concern to the Fund in the areas of health; the empowerment of women; poverty alleviation; and the environment. Under the . . . programme, UNFPA would continue to work with policy makers, parliamentarians and international NGOs and their networks concerning advocacy in the area of population and sustainable development."

34. Objectives of activities coordinated by TPD. The objectives of activities coordinated by TPD were to pursue the above-stated aims through the production, distribution and dissemination of publications, computer software and audiovisual materials and to support other advocacy efforts at the interregional level.

35. Results. The contents of projects which had been in operation for several years and which still played an important advocacy role were changed to reflect ICPD terminology and focus. This was verified in a recent analysis of the outputs (publications and the provision of information databases through CD ROMs) of 16 projects, principally from the information field. The analysis concluded that these projects advocated the main concerns of the ICPD through substantive articles and information on issues of reproductive health, adolescents' needs, women's empowerment and education, quality of care, and population and development. The outputs from the major interregional projects managed by TPD were of uniformly high quality in their presentation, content and coverage of ICPD issues. Only a few partners were involved in the major projects; these were traditional allies in the population field and included the United Nations Population Division, the Population Institute, The Population Council, and the Japanese Organization for International Cooperation in Family Planning (JOICFP).

36. Issues/Constraints. Most of the interregional advocacy projects appeared to be working well but they lost out on the value-added potential to be gained from linkages with other projects. Results or materials produced for one project were not necessarily reported or used by the other interregional projects. This was also true of many projects in other areas of the intercountry programme.

37. Valuable capacities have been built around the world for the flow of population information. Long-term support for some of the key projects under review ensured that

population information dissemination systems were well established. For quality publications, the coverage of relevant issues was extended, and distribution was expanded. Also, information dissemination campaigns kept the profile of population and reproductive health high on the agenda in many countries. Policy decision makers and gatekeepers (for example, population programme managers, parliamentarians and media managers) were reached with relevant information.

38. Among the constraints noted was the difficulty of identifying criteria for measuring and reporting on accomplishments in project proposals and progress reports. As a result, UNFPA initiated evaluations and user surveys, especially for the projects receiving over $750,000 for the four-year period 1996-1999. Some of these surveys have been completed and have provided solid evidence of project accomplishments.

39. Objectives of activities coordinated by IERD. The objectives of activities coordinated by IERD were to mobilize resources for the ICPD Programme of Action, including private-sector support from not-for-profit foundations and innovative arrangements with corporations, and to increase awareness of the role of population in development as well as the role of UNFPA. The intended audiences were Governments and parliamentarians; the communications media; NGOs, especially those with a focus on population; opinion leaders, including political and religious figures; formal and informal educators; intergovernmental bodies; and the public. IERD expenditures and allocations for the programme amounted to $19.5 million as of late 1999. This programme complemented and enhanced the IERD-managed advocacy efforts supported under the Fund's support budget.

40. Results. IERD produced and distributed the annual *State of World Population* report, a rich source of information and projections that is central to UNFPA advocacy efforts and serves many purposes and audiences. The full text is made available on the UNFPA Web site and is often used by NGOs for their own campaigns. It is also used as a resource for seminars held to raise journalists' awareness of population issues.

41. UNFPA improved the flow of information to NGOs and helped them to be more effective advocates for mobilizing resources and achieving ICPD goals. The quality of the information made available to world media and the public improved year by year, as independent surveys show. The training of journalists in population issues enhanced the press coverage of the Fund. Cooperation with private foundations increased, resulting in new funding for specific ICPD initiatives.

42. UNFPA also increased its actvities with NGOs, especially in Europe and Japan, through its programme of block grants. It joined hands with 18 European NGOs to increase the visibility of UNFPA in Europe and to raise awareness about international population assistance, gender equality, women's empowerment, reproductive rights and the ICPD+5 review.

43. UNFPA sponsored many regional meetings of print and TV representatives from the developing and industrialized world to create a nucleus of informed journalists. Seminars were held in Prague, Dublin, Paris and The Hague to sensitize some 250 journalists to the implications of the ICPD and to highlight the Fund's role in implementing the Programme of Action. UNFPA also cooperated with a variety of news agencies and employed NGOs and United Nations organizations for special campaigns to promote ICPD messages. Its resources for advocacy were teamed with those of the United Nations Department of Public Information and the United Nations specialized agencies for the production of films, radio programmes and brochures and for participation in international conferences.

44. Issues/Constraints. Constraints arose from changes in the ways media representatives and the public receive information and from growing competition for media attention presented by other advocacy issues that had little to do with population and development. Other difficulties resulted from the rising costs of printing and distribution and from challenges posed by the rapid growth of new information vehicles, such as the Internet. Meeting the challenges in a positive spirit will be essential to overcoming the constraints.

45. UNFPA must increasingly formulate simple messages to communicate in a complex media environment.

B. Regional programmes

46. The regional component of the 1996-1999 intercountry programme was $73 million. The distribution among the regions approved by the Executive Board was: Africa, $28 million; Asia and the Pacific, $19 million; Arab States and Europe, $12 million; and Latin America and the Caribbean, $14 million.

1. Africa

47. Objectives. Training was planned to be the predominant mechanism to enhance capacity-building in the region and implement population programmes, policies and strategies at the country level. The broader objective was to attain greater national autonomy in programme planning, delivery and management. Other major objectives concerned the Fund's three programme priorities. In reproductive health, the task was to reorient clinical training to a broader focus, strengthen courses for trainers and managers in the wake of the ICPD Programme of Action, expand the training-of-trainers concept for management training and reorient information, education and communication (IEC) training. In the PDS core area, efforts focused on meeting the increased demand for reliable statistical data, including gender-specific statistics, while also meeting the need for expanded scope and coverage of the data. Efforts also focused on training personnel and supporting relevant research.

48. In advocacy, the regional programme had three goals: (a) to convert awareness of population and reproductive health concerns into decisive political commitment to confront problems; (b) to extend such awareness and commitment to leaders at central, provincial and local levels, and (c) to ensure that the population was made aware of the importance and availability of reproductive health services, including those for youth.

49. Results. Of eight initiatives developed under reproductive health, five training projects were in progress (English, French and Portuguese), including two dealing with IEC, two concerned with reproductive health among refugees, and one concerned with integrated community-based delivery of services. In all training projects, special efforts were made to attract female participants. With the exception of refugee activities, all of the projects had been launched under an earlier cycle with the same implementing partners -- the Mauritius Institute of Health, Université de Montréal, the Government of Portugal, JOICFP and UNFPA. The predecessor projects, however, were modified to respond to new policies and strategies following the ICPD. New implementing partners were engaged for the refugee projects: the African Medical and Research Foundation (AMREF) and the International Federation of the Red Cross and Red Crescent Societies.

50. In the area of PDS, four training and research projects were ongoing. These had been developed under earlier cycles and still retained their initial implementing partners: the Regional Institute for Population Studies (RIPS); Institut de Formation et de Recherches Démographiques (IFORD); Centre d'Etudes et de Recherche sur la Population et le Développement (CERPOD) and Institut de Développement Economique et de Planification (IDEP). Here, too, modifications were introduced and new strategies developed in the light of new ICPD training priorities.

51. Capacity-building for advocacy was undertaken at the Organization of African Unity (OAU); an African Population Commission was established; and projects were launched with parliamentarians, national-level networks of women ministers and youth-related organizations. New implementing partners included the Forum of African and Arab States Parliamentarians on Population and Development, the Conference of Non-Governmental Organizations and The Centre for Development and Population Activities (CEDPA). The programme also served to strengthen collaboration with other United Nations organizations and agencies, including the Economic Commission for Africa (ECA), within the context of the United Nations Special Initiative for Africa and the regional ICPD+5 review exercise.

52. Training was the predominant function in the reproductive health and PDS sectors. By the end of the cycle, it is expected that close to 1,000 trainees will have participated in one of the five regional reproductive health training programmes.

53. Tangible results were also evident in the advocacy sector, especially with respect to the two projects dealing with African political leaders. Eleven national-level Networks of Women

Ministers and Parliamentarians were established, and all undertook advocacy, lobbying and sensitization activities. In addition, some 15 regional meetings were organized, contributing significantly to moving the reproductive health agenda forward in the region.

54. Issues/Constraints. Among the issues emerging during the current cycle were sustainability, evaluation and measurement of the impact of training programmes across sectors. Although many of the projects reviewed benefited from internal evaluations, it will be critical in the next cycle to include external evaluations and instruments to measure impact in project design and budgeting. The cost-effectiveness of regional training needs to be scrutinized as national-level training gains in priority.

55. In the advocacy sector, direct work with and among political leaders produced exceptional returns. The recent adoption of more responsive population-related laws and policies indicated that good results were being achieved in lobbying and sensitization efforts of the recently formed national advocacy committees. In the next cycle, other groups within civil society should be considered under these kinds of activities. The mechanism of bringing together similar groups for periodic regional conferences provides important visibility and creates valuable networks. Regional conferences could be more strategically planned at the beginning of the funding cycle.

56. By the third quarter of 1998, the projects under implementation had substantially contributed to achieving the goals of the regional programme. The single most important achievement was the contribution made to capacity-building across all three programme priority areas. This was achieved because of the emphasis on training activities.

57. Most of the projects were outgrowths of earlier initiatives developed with old partners, either within the United Nations system or outside of it. New partnerships were developed, however, for work with refugees and for advocacy activities. In the last decade, the number of NGOs and international NGOs working in all the priority areas of UNFPA expanded considerably, and much of the cutting-edge work was being done by them. The best way to promote new partnerships would be to develop new project-solicitation and approval mechanisms. For the next funding cycle, important substantive areas lending themselves to regional attention would include HIV/AIDS, refugee and emergency situations, the youth agenda and the reduction of maternal mortality.

2. Arab States and Europe

58. Objectives. For reproductive health in the Arab States, the regional programme aimed mainly at strengthening management, improving the quality of reproductive health services, and ensuring the availability of culturally sensitive IEC and training materials; in Europe, objectives addressed training needs of countries with economies in transition (in a context of shifting from abortion to contraception) and pursued regional policy-oriented research. With respect to PDS, in the Arab States, the central goal of the regional programme was to reinforce the commitment

of Governments to adopting population programmes, formulating multisectoral policies, and promoting country-level efforts to improve the status of women. In Europe, there was a need for capacity-building in census management and for generating policy-oriented research. In the Arab States, the advocacy task was to raise awareness of the important relationship between the status of women and population and development, especially among civil society, religious leaders, educators and policy makers. In Europe, regional goals were to promote reproductive health programmes and related IEC among young people in countries with economies in transition.

59. Results. Reproductive health activities in the Arab States were implemented through six projects directly addressing the improvement of management and quality of services; other projects supported research and information dissemination under both the Gulf Family Health Survey programme and the Pan Arab Project for Child Development (PAPCHILD) survey. Projects covered reproductive health-related advocacy, supporting policy issues as well as WHO initiatives. In Europe, projects concentrated on training in service delivery and contraceptive technology and on improving data collection and analysis in family planning and reproductive health.

60. PDS projects in the Arab States included policy-oriented research, NGO management training and the dissemination of information on population and development. In Europe, interrelated projects supported policy-oriented research on fertility decline, ageing and migration. In the advocacy sector, assistance in the Arab States was directed to studies and information activities on women's reproductive health, the role of Arab women, empowerment of youth, and post-ICPD advocacy concerns. In Europe, projects worked to raise awareness of reproductive health among youth and to mobilize donors for the year 2000 round of population censuses.

61. Under reproductive health projects in the Arab States, for example, most planned training activities were successful. Training included situation-analysis methodology for programme managers; reproductive health service delivery in refugee camps; workshops on population, gender and reproductive health for Islamic educators; and training in reproductive health and youth issues for radio broadcasters. The regional programme contributed significantly to capacity-building in PDS through the establishment of a regional population database, while Arab NGO management and networking capabilities were reinforced through training.

62. Advocacy work at both regional and in-country levels helped considerably to raise the awareness of targeted groups and the public about post-ICPD concerns. Country and regional meetings were focused on critical issues, and the results were widely disseminated. Such meetings included "Youth and the ICPD Programme of Action" and the "Arab Regional Meeting, Beijing Year One" (Jordan), the "Intercountry Meeting on Women's Health and Quality of Life" (Tunisia), the "Intercountry Meeting on the Pursuit of Safe Motherhood" (Yemen), the "International Conference on Population and Reproductive Health" (Al Azhar, Egypt) and the "Regional Meeting on ICPD+5" (Lebanon).

63. In Europe, postgraduate training in reproductive health service delivery, counselling and advanced contraceptive technology was conducted for medical professionals from countries with economies in transition. Comprehensive training continued for staff from 21 national statistical offices. The population research project, implemented by the Economic Commission for Europe (ECE), completed planned databases and publications on fertility transit migration and ageing.

64. In advocacy, two important meetings were convened in 1997: a donors' conference in Switzerland and a regional meeting in Denmark on youth and reproductive health, focusing on needs in Central Europe and newly independent states of the former Soviet Union.

65. Issues/Constraints. In retrospect, it was observed that the project approval process functioned in an ad hoc manner and that it was not conducted within the framework of a global regional strategy. The main constraints to full programme implementation, however, concerned administrative procedures governing multiple financing arrangements for executing agencies and the process of institutionalization. These difficulties may require revision of existing coordination mechanisms and a review of the criteria for the selection of executing agencies.

66. The transfer of skills acquired through regional training (and follow-up at the country level) was another issue of concern in all the core activity areas, demonstrating the need to develop adequate follow-up mechanisms to permit a more solid assessment of outputs.

67. Programmes for both subregions made some advances in broadening the numbers of dedicated partner agencies and organizations. The effort produced some new institutional and intergovernmental links and, in the case of the Arab States, forged active collaboration with national and regional NGOs and with international NGOs.

68. Important lessons were learned from analyses of positive outcomes of the current programme cycle. For example, successful implementation appeared to depend upon (a) the employment of institutions that combined demonstrated managerial skills with technical expertise and (b) the development of project strategies flexible enough to permit adjustments to specific country needs. Implementation efforts were enhanced by the close monitoring and involvement provided by UNFPA Country Technical Services Team (CST) experts and by the timeliness of evaluations that allowed for corrective measures. As of late 1998, seven in-depth, independent evaluations in the Arab States, and five in Europe, had been undertaken.

69. Among the noteworthy achievements were advances in promoting the adoption of a comprehensive approach to reproductive health, broadening the scope of a new regional survey, and including advocacy and peer counselling in a major regional reproductive health project for youth. Advocacy projects surpassed their expected outcomes, and this was attributed to the use of a wide range of media to reach diverse target audiences. Important strides were made in

raising awareness on women's reproductive rights, especially among youth groups, religious and community leaders and academics. In the process, ICPD concepts were clarified and their consistency with basic Islamic principles demonstrated.

3. Asia and the Pacific

70. Objectives. The main objectives of the regional Asia (RAS) programme were: (a) in reproductive health, to meet the training needs of professional health care service providers so that they could focus their efforts more effectively on integrating family planning, safe motherhood and sexually transmitted diseases (STDs)/HIV/AIDS, and address quality-of-care issues while mainstreaming gender relations in reproductive health and improving the ARH status; (b) in PDS, to strengthen and maintain a cadre of population specialists, provide an improved population database, support policy measures promoting gender equity and equality, and introduce programmes for the elderly through policy-relevant research; and (c) in advocacy, to maintain a high-level political commitment to the Programme of Action and to encourage gender equality and equity as a strategy to improve the health of the population in Asia and the Pacific.

71. Results. The RAS programme comprised 32 projects distributed in three thematic areas: 16 projects in reproductive health, 8 in PDS and 8 in advocacy.

72. Among the projects in reproductive health which aimed at meeting training needs, 10 projects focused on community-based service-delivery models and 1 on strengthening and promoting collaboration between the Government and NGOs. Four projects provided assistance for research in four countries concerning: (a) gender relationships among Muslim women; (b) the development of reproductive health indicators; (c) sexual abuse among children; and (d) an assessment of reproductive health care. Two projects supported IEC and advocacy with a special focus on ARH and male involvement in reproductive health.

73. Of the 8 projects in PDS, 4 provided support for research on female migration and employment, problems of ageing and support for the elderly, and the effects of the present economic crisis in Asian countries. The remaining PDS initiatives intended to improve the quality of population data and technologies for data collection and dissemination, and to develop information networks to improve coordination among national and subregional centres.

74. Advocacy projects promoted awareness and networking among parliamentarians. They also contributed to creating awareness among policy makers in population and development, as exemplified in UNFPA support to a regional conference on food security and population, reviews of the ICPD Programme of Action progress and increased information-sharing within the region.

75. Many countries received support from the regional programme in order to formulate policies, develop services and training systems, and address emerging issues such as ARH and gender perspectives. The majority of the regional projects contributed to building regional capacity in training, research, advocacy and policy support. In addition, reproductive health training and advocacy activities served to place reproductive health care at the centre of health programmes and to commit professionals to an integrated reproductive health approach.

76. The regional projects were executed by 15 partner agencies, including NGOs, United Nations agencies and academic institutions, all of which have played leading roles in the areas of population and development in the region. Further opportunities were created to involve a significant number of national NGOs by way of introducing collaborative arrangements with the Fund's traditional executing agencies such as the Economic and Social Commission for Asia and the Pacific (ESCAP), JOICFP, Asian Forum of Parliamentarians on Population and Development (AFPPD) and Asian Population and Development Association (APDA). They have accumulated extensive knowledge on population and development and provided technical support to countries in the region for national policy formulation and programme development. The regional mechanisms established by executing agencies and the cumulative reserve of experience among them are expected to have a strong impact -- beyond the programme cycle -- in generating political support for population policies.

77. Issues/Constraints. The regional programme lacked sufficient mechanisms for coordination, monitoring and evaluation, both laterally, among the regional projects, and vertically, among interregional and country projects implementing similar activities. Thus, programme impact was somewhat limited because of the absence of means for transferring tools, methods, experience and technology from global to regional and from regional to national levels. Similarly, the application at the national level of the contributions of some regional projects in training, research and materials development was limited.

78. It is expected that, by the end of the programme, the overall goals and objectives of RAS projects will be achieved. However, effective mechanisms for coordination, monitoring and evaluation should be put in place to reinforce the objectives of each project and maximize programme impact. Moreover, in project execution, it is critical to involve multiple agencies that could complement skills and experiences to build a multidisciplinary sense into the project implementation process.

4. Latin America and the Caribbean

79. Objectives. For reproductive health, the objectives were: (a) to clarify and promote reproductive health to strengthen national programmes; (b) to study existing institutional arrangements for reproductive health services in the countries of the region and recommend appropriate organizational restructuring; (c) to learn how national programmes respond to the needs

of women and adolescents and to make recommendations to improve them; and (d) to support innovative multi-country action projects to permit countries of the region to benefit from the exchange of experiences and knowledge.

80. For PDS, the objectives were: (a) to support investigation of selected topics, including the impact of investing in reproductive health; (b) to develop methodological bases and systems for socio-demographic data collection and analysis at the municipal level in Central America; (c) to promote the availability of up-to-date methodologies and technologies in data collection; (d) to support sociocultural research for reproductive health policies and programmes; (e) to inform and train parliamentarians to formulate policies sensitive to population issues and to negotiate budgets for them; (f) to include population issues in the Economic Commission for Latin America and the Caribbean (ECLAC) Social Panorama, and (g) to develop human resources in key population fields, with emphasis on Central America.

81. For advocacy, the objectives were: (a) to reach opinion leaders and policy makers; (b) to clarify the ICPD Programme of Action and broaden political support; and (c) to strengthen links with NGOs involved in social and community development among marginal urban, rural and indigenous populations and with poor women, in general.

82. A few projects from the previous cycle continued (with goals updated and revised) into the early part of the new cycle. Ceilings were imposed, affecting expenditure levels, but the resulting allocations largely followed the approved distribution pattern.

83. Results. Under reproductive health, initiatives were undertaken to improve conditions for poorer women, adolescents and indigenous groups, while advocacy campaigns promoted access to services and efforts to prevent violence against women. Knowledge was exchanged among NGOs and the governmental sector, and research on existing patterns of surgical contraception supported the concept of ensuring an adequate mix of contraceptives. The programme also funded training in reproductive health and population in schools of health, while supportive advocacy efforts brought population, reproductive health and rights and gender concerns to regional forums to influence political decision-making.

84. PDS projects included support for the development of population databases, provision of new technologies for census activity, dissemination of socio-demographic data, and demographic training. A household-based study of links between fertility, family formation, educational attainment and intergenerational transmission of poverty was commissioned.

85. Noticeable progress was made with respect to planned objectives. Advances were made in promoting reproductive health and rights. Considerable activity in the PDS sector was recorded, especially in assistance to countries for improved methodologies and technologies for upcoming census rounds. In the advocacy core area, efforts related especially to increasing awareness of the

concept of reproductive health. Regional meetings were conducted for professionals, policy makers and parliamentarians, and there was a major regional workshop for NGOs on the topic of reproductive health awareness; this was followed by training at the country level. Much effort was also made to support the participation of key nationals to speak up for ICPD goals in regional forums on economic and social issues. There was a noticeable increase in organizations involved in the current LAC programme. Some of the relatively new partners -- women's NGOs and other organizations -- successfully fostered the spirit of the ICPD, but their sustainability without donor support remained a matter of concern. Direct UNFPA execution was reluctantly chosen where there were no alternatives. Monitoring and evaluation procedures were applied uniformly to all major projects.

86. Issues/Constraints. The most successful results were obtained in mobilizing women's groups. All groups, especially adolescents, were expected to benefit from the encouraging results. Overall, the advocacy efforts in networking and the dissemination and exchange of information helped mobilize the support of large numbers of national and regional NGOs, parliamentarians and individual Governments in the region. The advocacy work should continue in view of the influence in the region of religious and other groups antagonistic to ICPD concepts, although efforts were made to interact with these groups.

87. In its regional drive to enhance national capacity, UNFPA focused on influencing those who might, in turn, influence service providers and educators. NGO energies were harnessed to emphasize women's reproductive rights and the needs of adolescent and indigenous populations. At the same time, there was a scaling back of involvement with traditional partners unwilling to pursue ICPD aims. More attention was paid than in the past to obtaining a return on funds provided, in terms of visibility and progress towards objectives.

III. CONCLUSIONS AND LESSONS LEARNED

88. This review of the intercountry programme, 1996-1999, reveals considerable progress in meeting objectives. More systematic monitoring is needed, however, to improve the efficiency and effectiveness of programme performance. To assess impact in a more cogent manner, intercountry activities should have defined their objectives in terms of measurable outputs and more clearly specified intended outcomes. A more proactive involvement by UNFPA in maintaining links with projects' executing partners -- especially those operating within institutions, teaching and research settings and large central agency offices -- would also improve both the quality and pace of implementation.

89. Some recurring issues bear further attention as UNFPA prepares to develop the next intercountry programme cycle. There was little evidence of information exchanges among projects and their managers, especially in projects having information outputs, such as research

studies, publications and Internet postings. Insufficient exchange of expertise and knowledge and technology transfer from one programme level to another also remains a matter of concern.

90. A welcome trend was the broadening range of partners in the execution of the current programme. The involvement of traditional executing agencies declined while the involvement of regional, national, governmental, intergovernmental and specialized groups noticeably increased. For example, in the interregional reproductive health programme, in addition to well-established research institutions, such as The Population Council, Program for Appropriate Technology in Health (PATH) and United Nations specialized agencies (WHO, the ILO and the Joint United Nations Programme on HIV/AIDS (UNAIDS)), other groups took part, such as CEDPA, AFY, the International Federation of Obstetrics and Gynaecology, the Concept Foundation, Alan Guttmacher Institute, WAY and the International Federation of Medical Student Associations. The World Bank, The Rockefeller Foundation, the William H. Gates Foundation and UNFPA provided technical/financial support for the Partners in Population and Development, an intergovernmental initiative created to promote South-South collaboration in reproductive health.

91. There is still room for improvement in mainstreaming gender and expanding research and training on gender-based data collection and analysis. A major challenge to the Fund's ability to pursue its advocacy objectives is the increasing competition for attention and space in the communications media.

92. Although the overarching objective of strengthening country capacity to implement the ICPD Programme of Action lent considerable coherence to the 1996-1999 intercountry programme, ad hoc activity was considerable. Efforts are needed to identify and justify why activities are being pursued at intercountry levels and to specify how they benefit country-level activities. The 1996-1999 programme encompassed a greater diversity of partners, particularly NGOs; however, the preponderance of United Nations agency-executed activities continued. Efforts should be made to work with a greater range of partners and to pursue various modalities for selecting executing entities.